

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-28-03.

## I. DISPUTE

Whether there should be reimbursement for CPT code 99213MP, 97265, 97250, 97010, 97122, 97035, 99214, 99080-73, 99361, and 99354.

## II. FINDINGS

Dates of service 4-18-02, 4-19-02, 4-20-02, 4-22-02, 4-23-02, 4-24-02, 4-25-02, 4-26-02 and 4-27-02 were submitted untimely per above referenced rule and will not be considered in this Findings and Decision. The respondent denied reimbursement based upon “R – Charge Unrelated to the Compensable Injury. The supplies/service are not (appear not to be) related to the Workers’ Compensation injury of this claimant; and G – Included in Global Fee. The value of this service is included in the value of another service billed on the same date.”

The insurance carrier did not file a TWCC-21 with TWCC in accordance with Section 408.027(d) disputing the compensability of treatment; therefore, the insurance carrier inappropriately denied services based upon “R.” Services denied with EOB denial “R” will be reviewed in accordance with *Medical Fee Guideline*.

## III. RATIONALE

Neither party submitted EOBs to support services identified as “No EOB”; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-28-02	99213MP	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 Medicine GR (I)(B)(1)(b)	A HCFA-1500, EOB or report was not submitted to support billing of service, no reimbursement is recommended.
4-29-02	97265	\$43.00	\$0.00	No EOB	\$43.00	Medicine GR (I)(A)(10)(a)	The requestor exceeded the number of modalities or procedures allowed per MFG; therefore, reimbursement for 97010 will not be recommended.  Progress reports support billed service per MFG; therefore, reimbursement of \$43.00 + \$15.00 + \$35.00 + 40.00 = \$133.00 X 22 dates = \$2926.00.
4-30-02	97014	\$15.00			\$15.00		
5-1-02	97010	\$11.00			\$11.00		
5-3-02	97122	\$35.00			\$35.00		
5-6-02	97250	\$40.00			\$40.00		
5-7-02							
5-8-02							
5-10-02							
5-20-02							
5-22-02							
5-24-02							
5-29-02							
6-3-02							
6-10-02							
6-17-02							
6-24-02							
7-1-02							
7-8-02							
7-22-02							
8-12-02							
9-3-02							

9-16-02							
4-29-02 5-6-02 5-13-02 5-20-02 5-29-02 6-10-02 6-17-02 7-8-02 7-24-02 7-30-02 8-26-02 9-3-02	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 129-5(d)	The claimant remained off work until 8-20-02. The 9-3-02 has changes in lifting restrictions supporting billing. Reimbursement of \$15.00 is recommended.  The requestor did not comply with Rule by filing TWCC-73 reports on remaining dates.
4-30-02 5-1-02 5-6-02 5-7-02 5-8-02 5-10-02 5-20-02 5-22-02 5-24-02 6-3-02 6-10-02 6-17-02 6-24-02 7-1-02 7-22-02 8-12-02 8-26-02 9-3-02 9-16-02	99213MP	\$48.00	\$0.00	No EOB	\$48.00	Medicine GR (I)(B)(1)(b)	Progress reports support billed service per MFG; therefore, reimbursement of \$48.00 X 19 dates = \$912.00.
5-3-02 5-24-02 7-8-02	99214	\$90.00	\$0.00	No EOB	\$71.00	Evaluation & Management GR (IV)	Office visit reports support billed service per MFG; therefore, reimbursement of \$71.00 X 3 dates = \$213.00.
6-11-02	97265 97014 97010 97122 97250 97035	\$43.00 \$15.00 \$11.00 \$35.00 \$40.00 \$22.00	\$0.00	No EOB	\$43.00 \$15.00 \$11.00 \$35.00 \$40.00 \$22.00	Medicine GR (I)(A)(10)(a)	The requestor exceeded the number of modalities or procedures allowed per MFG; therefore, reimbursement for 97010 and 97014 will not be recommended.  Progress reports support billed service per MFG; therefore, reimbursement of \$43.00 + \$22.00 + \$35.00 + 40.00 = \$140.00
8-26-02	97265 97014 97010 97122	\$43.00 \$15.00 \$11.00 \$35.00	\$0.00	No EOB	\$43.00 \$15.00 \$11.00 \$35.00	Medicine GR (I)(A)(10)(a)	Progress reports support billed service per MFG; therefore, reimbursement of \$43.00 + \$15.00 + \$35.00 + \$11.00 = \$104.00.
8-20-02 9-3-02 11-18-02	99361	\$55.00	\$0.00	No EOB	\$53.00	CPT code descriptor	Team Conference reports to support billed service per MFG; therefore, no reimbursement is recommended.
8-19-02 9-9-02 9-17-02 9-23-02 9-30-02 10-7-02 10-14-02 10-23-02 10-28-02 11-11-02 11-18-02 11-25-02 12-23-02 1-6-03 1-13-03	99080-73	\$15.00	\$0.00	R	\$15.00	Rule 129.5(d)	The claimant remained off work until 8-20-02 supporting billing on 8-19-02; therefore, reimbursement of \$15.00 is recommended.  There is no lifting restriction changes or work status changes from 9-3-02 report to support billing of 9-9-02, 9-17-02, 9-23-02, 9-30-02, 10-7-02, 10-14-02, 10-23-02, 10-28-02, 11-11-02, 11-18-02, 11-25-02, 11-25-02, 12-23-02, 1-6-03 and 1-13-03.
8-19-02 11-18-02 12-30-02	99214	\$90.00	\$0.00	R	\$71.00	Evaluation & Management GR (IV)	Office visit reports support billed service per MFG; therefore, reimbursement of \$71.00 X 3 dates = \$213.00.

8-19-02	97265	\$43.00	\$0.00	R	\$43.00	Medicine GR (I)(A)(10)(a)	The requestor exceeded the number of modalities or procedures allowed per MFG; therefore, reimbursement for 97010 will not be recommended.
9-9-02	97014	\$15.00			\$15.00		
9-23-02	97010	\$11.00			\$11.00		
10-14-02	97122	\$35.00			\$35.00		
10-21-02	97250	\$40.00			\$40.00		
10-28-02							Progress reports support billed service per MFG; therefore, reimbursement of \$43.00 + \$15.00 + \$35.00 + 40.00 = \$133.00 X 16 dates = \$2128.00.
11-4-02							
11-11-02							
11-18-02							
12-2-02							
12-9-02							
12-16-02							
12-23-02							
12-30-02							
1-20-03							
1-27-03							
9-9-02	99213MP	\$48.00	\$0.00	R	\$48.00	Medicine GR (I)(B)(1)(b)	Progress reports support billed service per MFG; therefore, reimbursement of \$48.00 X 17 dates = \$816.00.
9-23-02							
10-14-02							
10-21-02							
10-28-02							
11-4-02							
11-11-02							
11-25-02							
12-2-02							
12-9-02							
12-16-02							
12-23-02							
1-6-03							
1-13-03							
1-20-03							
1-27-03							
2-3-03							
11-25-02	99354	\$65.00	\$0.00	R	\$65.00	CPT Code Descriptor	11-25-02 report does not support billed service per MFG; therefore, no reimbursement is recommended.
11-25-02	97265	\$43.00	\$0.00	R	\$43.00	Medicine GR (I)(A)(10)(a)	Progress reports support billed service per MFG; therefore, reimbursement of \$43.00 + \$15.00 + \$40.00 + \$11.00 = \$109.00.
	97014	\$15.00			\$15.00		
	97010	\$11.00			\$11.00		
	97250	\$40.00			\$40.00		
1-13-03	97265	\$43.00	\$0.00	R	\$43.00	Medicine GR (I)(A)(10)(a)	Progress reports support billed service per MFG; therefore, reimbursement of \$43.00 + \$15.00 + \$11.00 = \$69.00.
2-3-03	97014	\$15.00			\$15.00		
	97010	\$11.00			\$11.00		
1-6-03	97014	\$15.00	\$0.00	F	\$15.00	Medicine GR (I)(A)(10)(a)	EOB recommends payment per MFG; however, provider requested dispute resolution on services; therefore, reimbursement of \$26.00 is recommended.
	97010	\$11.00			\$11.00		
1-6-03	97265	\$43.00	\$0.00	G	\$43.00	Medicine GR (I)(B)(1)(b) CPT Code Descriptor Medicine GR (I)(A)(10)(a)	The requestor billed an office visit with chiropractic manipulation and physical therapy services on the disputed dates of service.  97265 is defined as a physical therapy activity per Medicine GR (I)(A)(10)(a) and 99213MP is a manipulation performed by a doctor. The 97265 is not global to 99213MP or any of the other physical therapy services rendered on this date; therefore, the insurance carrier incorrectly denied reimbursement based upon "G".  The requestor is entitled to reimbursement of \$43.00.
TOTAL							The requestor is entitled to reimbursement of \$7729.00.

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (99213MP, 97265, 97250, 97010, 97122, 97035, 99214, 99080-73) in the amount of **\$ 7729.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$7729.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 06th day of February 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division